

STATE OF TENNESSEE Office of Vital Records

GOVERNMENT
EXHIBIT
A

TENNESSEE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

STATE FILE NUMBER 2018 038023

DECEDENT	1. DECEDENT'S LEGAL NAME WILLIAM JAMES STONE JR.				2. SEX MALE		3. DATE OF DEATH 07/09/2018	
	4. TIME OF DEATH (Approx.) 12:24 PM		5a. AGE 89		5b. UNDER 1 YEAR Months Days		5c. UNDER 1 DAY Hours Minutes	
	5. DATE OF BIRTH 1929		6. BIRTHPLACE BRISTOL, VA					
	7. PLACE OF DEATH DECEDENT'S HOME							
PARENTS	8a. FACILITY NAME				8b. CITY OR TOWN BRISTOL		8c. COUNTY OF DEATH SULLIVAN	
	9. MARITAL STATUS WIDOWED		10. SURVIVING SPOUSE (name prior to first marriage)		11a. DECEDENT'S USUAL OCCUPATION OWNER		11b. KIND OF BUSINESS/INDUSTRY COAL	
	12. SOCIAL SECURITY NUMBER 3278		13a. RESIDENCE-STATE OR FOREIGN COUNTRY TENNESSEE		13b. COUNTY SULLIVAN		13c. CITY OR TOWN BRISTOL	
	13d. STREET AND NUMBER		13e. INSIDE CITY LIMITS? YES		13f. ZIP CODE		14. WAS DECEDENT EVER IN US ARMED FORCES? NO	
DISPOSITION	15. DECEDENT'S EDUCATION BACHELOR'S DEGREE		16. DECEDENT OF HISPANIC ORIGIN? NO, NOT SPANISH/HISPANIC/LATINO		17. DECEDENT'S RACE WHITE			
	18. FATHER'S NAME WILLIAM JAMES STONE				19. MOTHER'S NAME PRIOR TO FIRST MARRIAGE MARGARET CHILDRESS			
	20a. INFORMANT'S NAME PATRICIA LOUISE STONE		20b. RELATIONSHIP TO DECEDENT DAUGHTER		20c. MAILING ADDRESS TN 37620			
	21a. METHOD OF DISPOSITION BURIAL		21b. PLACE OF DISPOSITION GLENWOOD CEMETERY		21c. LOCATION BRISTOL, TN			
REGISTRAR	22a. SIGNATURE OF FUNERAL DIRECTOR /s/ BRENT BUCHANAN		22b. LICENSE NUMBER 6522		22c. SIGNATURE OF EMBALMER /s/ ANTHONY HARRIS		22d. LICENSE NUMBER 5879	
	23a. NAME AND ADDRESS OF FUNERAL HOME OAKLEY-COOK FUNERAL HOME AND CREMATORY, 2223 VOLUNTEER PKWY, BRISTOL, TN 37620		23b. LICENSE NUMBER 563					
	24. REGISTRAR'S SIGNATURE /s/ EDWARD G. BISHOP III				25. DATE FILED 07/12/2018			
	26. CERTIFIER 26a. <input checked="" type="checkbox"/> PHYSICIAN - TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) / MANNER STATED. 26b. <input type="checkbox"/> MEDICAL EXAMINER - ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.							
CERTIFIER	27a. CERTIFIER /s/ KEITH RAY COOK		27b. LICENSE NUMBER 028176		27c. DATE SIGNED 07/12/2018			
	27d. NAME AND ADDRESS KEITH RAY COOK 301 MED TECH PARKWAY SUITE 240, JOHNSON CITY, TN 37604							
	28. PART I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE OF AT LINE.							APPROXIMATE INTERVAL ONSET TO DEATH
	IMMEDIATE CAUSE (Final disease or condition resulting in death). Secondary conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the chain resulting in death) LAST.							
MEDICAL CERTIFICATION	a. ATHEROSCLEROTIC CARDIOVASCULAR DISEASE DUE TO (OR A CONSEQUENCE OF)							UNKNOWN
	b. DUE TO (OR A CONSEQUENCE OF)							
	c. DUE TO (OR A CONSEQUENCE OF)							
	d. DUE TO (OR A CONSEQUENCE OF)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I.								
29a. WAS AN AUTOPSY PERFORMED? NO								
29b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?								
30. MANNER OF DEATH NATURAL		31. DID TOBACCO USE CONTRIBUTE TO DEATH? UNKNOWN		32. IF FEMALE: N/A				
33. IF TRANSPORTATION INJURY, SPECIFY:		34a. DATE OF INJURY		34b. TIME OF INJURY		34c. INJURY AT WORK?		34d. PLACE OF INJURY
		34e. DESCRIBE HOW INJURY OCCURRED		34f. LOCATION OF INJURY				

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Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Edward G. Bishop III
Edward G. Bishop III
State Registrar

John J. Dreyzehner
John J. Dreyzehner, MD, MPH, FACOEM
COMMISSIONER



102000002
Date Issued JUL 12 2018



CERTIFICATION OF VITAL RECORD

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